

CLAIMS ONLY

Application Number

" Filling" Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5	/					
6	/					
7		/				
8		/				
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46		/				
47		/				
48		/				
49		/				
50		/				
Total	9					
Indep	9					
Total	16					
Depend						
Total	25					
Claims						

* May be used for additional claims or amendments						
	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depe
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Indep						
Total						
Depend						
Total						
Claims						